

Authorized Signatories

Commonwealth of Virginia

Fiscal Year:	Agency Name:	Agency No.:
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Agency Address:	Control Agency No.:
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Fiscal Officer:	Phone No:	Fax No:
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Fiscal Officer E-Mail Address:

To the Comptroller:

The employees whose signatures appear below are authorized to approve and release expenditure documents and transactions and/or certify payroll for this agency, department or institution.

Head of Agency, Department of Institution

Print Name: _____ **Signature:** _____

Title:	Date:	Agency Head Phone No.:
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(This form remains effective through the end of the designated fiscal year).

[illegible]

(Two CARS Security Officers (CSO) must be designated above)

Return Completed Signature Card with Original Signatures to DOA, General Accounting-PreAudit Unit

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<u>Print Name:</u>	<u>Title:</u>	<u>Signature:</u>	<u>Check Authorization:</u>	
			<u>Expend.</u>	<u>Payroll</u>

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